Passed March 15th 1827
W. R. H.

An Inaugural Dissertation On That species of Uterine Haemorrhage, called Accidental, During Pregnancy,

by

William Lewis
of Virginia

Sir

idenl

ica, m

ithin

ad st

hila

has a

frequ

ly int

Lea

studies

and a

quar

consid

An Inaugural Dissertation &c.

Introduction.— "Of all the incidents to which a pregnant woman is exposed, none is more alarming or troublesome, than uterine haemorrhage, when it occurs in advanced stages of pregnancy, or after the delivery of the child.— This, from its extent and impetuosity, has aptly been called a flooding; and from the frequency of its occurrence, it must be extremely interesting to every practitioner."

Led from the commencement of my medical studies, to view with great interest, the diseases and accidents of pregnancy; no one presented equal claims to attention with the one under consideration.— This arose from the high, (and

I fear
of its
child;
ventio
rough
which
tion to
Imp
dit on
publice
that o
tion on
selecti
improve
hand m
on a
worden
ing, w
first, to

I fear not exagerated,) estimation, I then formed of its importance and danger to both mother and child; and the necessity of a promptness in all our exertions in their behalf; that requires a thorough knowledge of the principles of practice; and which could only be acquired by extraordinary attention to the subject.—

Impressed with these views, I have ventured, guided only by the light drawn from a few of the best publications on the subject; unaided at all by that sure light of experience, to offer a dissertation on uterine haemorrhage.— In making this selection, the vain hope of introducing novelty or improvement has had no influence; but I have suffered myself to be swayed only, by an ardent desire for a thorough knowledge of the subject, the best evidences of which, I could offer to my understanding, were to be derived from this source.— — —

In ~~considering~~ this subject, I propose first, to give an account of the connection between

the o
of this
ing of
ient
ing th
o
the m
nuo a
of the
round
what
surfac
ructi
tram:
ter ele
ble; b
ually
at al
I am
on the

the ovum and uterus; as necessary to the history of this disease; and as essential to a proper understanding of the modus operandi of some of the most efficient means, both natural and artificial, in arresting the same.-

Immediately after the successful application of the male semen, the uterus is discovered to take on a new action; by which it prepares itself for the reception of the ovum.- At the time of the descent of the ovum, the body and fundus of the uterus are somewhat enlarged; and the whole of their internal surface is lined by a new, and highly vascular production; which has received the name of a membrane: and from its ultimately falling off, it is called decidua.- This by some is discribed as a double; by others as a single membrane: and some, especially the French physiologists, even deny its existence at all.- The medium of the connection of which I am to speak, is furnished by this substance; which, on the appearance of the ovum in the uterus, throws

rut on
ely; the
the inte
mitica
tices, b
ciw, m
ively th
rinth o
The
ustly w
n the c
rinth
ute to
hey na
iron
rody n
ut
than
t the
nt par
mind

out on its internal surface, a flocculent growth of ves-
-sels; the extremities of which, soon become inserted into
the interstices of those of the Chorion: whilst those fur-
-nished by the latter insert themselves into those inter-
-stices, between the vessels of the decidua.- From this
view, neither the uterus, nor ovum can be said exclu-
-sively to perform this office; it being the result of a-
joint operation.-

This adhesion, however it may be effected, is evi-
-dently very vascular, and exceedingly delicate; especially
in the earlier months of pregnancy.- It cannot at any
point be destroyed, without a flow of blood, proportion
-ate to the extent of the separation and the period of
pregnancy.- A separation of the membranes of a
given extent in the early months, happening in the
body or fundus of the uterus, will yield more blood;
than when it occurs in the cervix.- This is owing
to the degree of developement going on in these diffe
-rent parts, at different periods: blood being always deter
-mined to a part in a direct ratio to the rapidity of

that

By

patac

of the

holde

-ma,

finan

-vidun

ying th

until

ting b

entitla

ges fro

placed

C

of diff

minca

ably a

of the

the

that process.-

By a majority of authors, it is believed, that no fatal haemorrhage can occur without the separation of the placenta; and among them I find Dr Dewees holding the following words. "By a few it is believed, that a mere separation of the membranes was sufficient for this purpose; but of this we have no good evidence — and should it be even true, it can only refer to this accident after the fifth month — for until this time, the whole uterus may be considered as being lined with placenta." Mr Burns on the contrary entertains a different opinion; and thinks haemorrhages from a detachment of the placenta, when it is placed high up, as a rare occurrence. —

Causes.- These are 1st mechanical violence of different kinds. 2nd various passions or emotions of the mind. 3rd plethora.- All of these causes undoubtedly act directly, in increasing the rapidity and force of the circulation; but they do this in different ways.- The augmentation arising from mechanical violence

is perh
that a
fell thro
accum
that h
tion —
with m
nal vio
his ada
thro in
ma vo
This
hers co
charge,
hu no
ves str
has lat
n his a
t at f
n utter

is perhaps at first always local in the uterus; whilst that arising from passions or emotions of the mind, or plethora, is as universally general.- This, I think, accounts, in part, satisfactorily for a circumstance, that has frequently been observed with regard to abortions— namely, that the fœtus is always preserved with more difficulty, when the attack is owing to external violence, than when produced by other causes.- Remedies addressed to the general system, as must be many of those in abortion, are known to have but a limited influence on a local increase of the circulation.—

This augmentation of the circulation has generally been considered adequate to the production of the haemorrhage, which is frequently seen to follow it; and therefore no farther explanation of their modus operandi was sought for.- The correctness of this opinion has lately been called in question, by Professor Dewees in his valuable work on Midwifery.- He considers it at farthest as but an indirect cause; bringing on uterine contraction; to the immediate operation of

which
and
the con
C
to flo
case i
and m
work;
being
speaks
at an
observ
Bu
month
the la
the re
always
Throug
they c
point

which, the separation of the membranes in the earlier, and the placenta in the later months; together with the consequent haemorrhage, are all attributable. –

Some periods of pregnancy are much more liable to flooding than others; and this is peculiarly the case in the early months. – Dr. Dewees says, this accident may occur at any time after the fourth or fifth week; the adhesion between the uterus and ovum being pretty well established by that time. – Mr. Burns speaks of copious discharges from the impregnated uterus at an earlier period than that, and even before the descent of the vesicle into its cavity. –

But if this disease is most frequent in the earlier months, it is much more dangerous to the mother in the later periods. This arises from the larger size of the vessels yielding it; the effects of flooding being always in proportion to the rapidity of discharge. – Though early floodings are less dangerous to the mother, they are infinitely more so the foetus; and in this point of view claim the strictest attention of both the

mother and practitioner.- The former, ignorant that this is one of the surest signs and most certain precursor of abortion, is apt to conceal her situation from a false modesty; whilst the latter is lulled into fatal security, from the supposed innocence, or even advantage of early discharges from the vagina.- These are dangerous errors, that should be speedily corrected.- To the one, it will be sufficient to point out the danger of procrastination: the other must be taught the true estimate of a fœtus in utero to the parents and to society.-

Previous to detailing the treatment of this malady, it will be proper to divide the term of utero-gestation into periods.- The modification imposed on the treatment by the period, at which the haemorrhage occurs, renders a division necessary; and by adopting it, I shall be enabled more clearly to point out the dangers attending the occurrence at the different advancements of pregnancy; the indications offered by the same, and the best method of fulfilling them.- The division adopted by me is the same as that of Dr. Dewees; though

I am
ted by
will
tim
ory of th
sion th
this fe
much
but fro
tiula
Amic
absence
the he
most
the co
ge, fe
I hav
nanethi
Barw

-I am not certain, it has any advantages over that adop-
-ted by Dr. Ward in his compendium. - The first period
will include about four and a half months of the
term of pregnancy: the second will embrace the delive
-ry of the child. -

First Period. - Having previously had occa
-sion to remark, that haemorrhages occurring within
this period, though less dangerous to the mother, were
much more so to the foetus, I shall not repeat it here;
but proceed to remark on the indications from each par
-ticular circumstance of the case. -

Amidst the conflicting opinions of authors, and in the
absence of all experience, it far exceeds the exertions of
the highest faculty for reasoning, to determine the many
moot points, connected with this part of the subject. - Of
the comparative danger to the foetus of haemorrha
-ges, produced by mechanical, or internal, obscure causes;
I have already ventured an opinion; which though
sanctioned by Dr. Dewees, is as directly contradicted by
Ward. - The consequences resulting from the place of

line a
on part
tion of
Hon c
ed mon
hamon
the pla
ion is a
tion, th
numbe
tractio
The
positiv
east of
been f
d wit
o the
on dir
Except
lip far

lesion are very great; for the accident occurring in the upper part of the uterine globe, must necessarily require an entire separation of the membranes to the os tincae, before the blood can find an outlet.- This, occurring in the advanced months of gestation, might probably give rise to occult haemorrhage, from the very firm adhesion of the sides of the placenta: but during this tender period, the adhesion is so delicate, and the uterus so easily thrown into action, that a very slight accumulation of blood behind the membranes, is quite sufficient to bring on painful contraction; by which a drain is effected.-

The quantity of blood discharged of itself can form no positive prognostic in the case: since the ovum has been cast off without the loss of many ounces; whilst it has been preserved after the loss of as many pounds.- Conjoined with other unfavourable symptoms, it always diminishes the chance of preservation; and forms one strong argument for directing our exertions very much to its diminution.-

Except the symptoms of death of the foetus, no one argues less favorably than uterine contraction, particularly of

the a
now
now
in some
for M
guage
we ha
author
by Mr
ultimu
yet c
from
pagin
effect
of the
sion of
S
the m
mine
card

the alternate or painful kind.- These, when regularly and universally established, are so difficult to subdue, and so generally end in expulsion, as to induce a belief in some, that they are indomitable.- Among this number Mr. Burns stands most conspicuous, and uses language unequivocal on this point.- Opposed to his authority, we have the testimony of a number of cases by different authors; but no one more decidedly to the point, than that by Mr. Burns himself.- In this case related by him, the uterus contracted so violently, as to expel one foetus, and yet carried its twin to the proper time. — Nor can we form a more certain prognosis from examinations per vaginam.- The os internum resists for some time the efforts of the body and fundus of the uterus, from the state of the cervix; but when the neck is relaxed, the expulsion of the foetus will soon follow.- - -

It results, therefore, that the death of the foetus is the only unerring indication of expulsion; and to determine this, with certainty, is indeed a nice point.- In this case we are obliged to content ourselves with circum-

-stantial evidence, being deprived of the means of more positive testimony.- Of these circumstances, the sudden secretion of milk, and flaccidity of the breast, after being turgid and tender, are to be looked on as the least equivocal.- If we add to these, the sudden and simultaneous cessation of the morning sickness, and subsidence of the abdominal tumour; no reasonable hope can longer be entertained.-

From what has been said, we learn the humiliating fact, that however important it may be to determine a priori, the degree of success, that may attend our efforts; it can rarely be done.- From this may be deduced a valuable lesson; and that, which I wish to impress, is always to act as if the case might be made to terminate favorably.- By pursuing such a course much may sometimes be gained, and nothing can ever be lost.-

A discharge however trifling in degree should never be neglected; and we are directed by the best authority to look with suspicion, at what are considered the regular returns of catamenia from the impregnated uterus, and

to the
Mr a
-ly in
ver ab
-lep th
Mr. le
-nd th
-sequen
-ble.-
wuch
the u
-nally
of my
T
tions,
th ha
and 3
The
is per
ture for

to treat them as if something mischievous might result.- Nor should this be the governing principle of practice only in a first attack; but should the haemorrhage return, we should direct our exertions to the same end.- This, unless the strictest attention be paid is very apt to recur.-
Mr. Burns says, the membranes rarely unite, when ruptured to any extent; the placenta never.- This renders a subsequent attack more easy, and the prognosis less favourable.- But that haemorrhages have occurred day after day; week after week, and even month after month, and the woman carried to her proper reckoning; writers generally testify.- I now proceed to the most important part of my subject, namely its

Treatment within this period.- The indications, which present themselves, are three, 1st to restrain the haemorrhage; 2nd to subdue uterine contraction, and 3d to prevent the recurrence of either.-
The first and most prominent measure to be adopted, is perfect rest of body in the horizontal posture.- For this purpose a mattrass should be preferred; or a sacken, or

over a plank bottom, should be selected over a featherbed. The room should be well ventilated, and the patient very lightly covered: if in winter, the fire should be removed, and no more bed clothes used than are requisite for comfort. - Her drink should be cold and sparing in quantity; such as lemon ade, ice water &c. in warm; balm tea, ~~and~~ toast and water in cold weather. - The food should partake of the same nature, such as sago, tapioca or panada, in which lemon juice is made a substitute for wine -

Animal jellies, broths &c. are to be forbidden; and a strict adherence to directions, imposed on both patient and attendants. - Much company or conversation should be interdicted, and officiousness in bystanders overruled. -

The next remedy, that should claim our attention in floodings at this period, is bloodletting. - The powers of this remedy in subduing haemorrhages are well known, and in ~~none~~ one are its effects greater, than in the present. - The haemorrhage being recent and the pulse vigorous, we may resort to it with the utmost confidence; remembering that its most salutary operation is to be obtained only by its sudden and

copious employment.- In determining the extent to which it should be carried, the quantity and rapidity of the discharge and its effect on the system should govern.- As a general rule we should not desist, untill the pulse be sensibly effected.- Much gastric distress, which we are told is a common symptom, will probably restrict us in some degree in the use of this remedy; since the operation of the two on the vascular system, is very much the same; and their combined effect might be more than the system of the patient could bear. —

As cooperating in the reduction of vascular action, and more particularly in the uterine system, the topical application of cold should never be neglected.- Cloths, dipped in cold water and vinegar, iced water &c, and applied to the loins, abdomen and pudenda, is a very convenient method.- But perhaps an equally powerful, and much more convenient mode, is that of powdered ice or snow, in bladders; it not being requisite to renew the application so often.- A still more powerful method yet of driving the blood from the uterus and promoting coagulation has sometimes been adopted — I mean that of introducing ice or snow into the vagina.- But as these,

when permitted to remain too long, may produce unpleasant effects; and as the object may be obtained by milder and safer means, the practice has, I think, justly fallen into disrepute. - Like bloodletting, however, the salutary effect of cold has its limit. - The system being considerably prostrated by the profuseness of the discharge, its very active employment becomes eminently dangerous, unless counteracted by the influence of warmth applied to other parts of the body. - This is a case certainly requiring the exercise of an acute judgment; and the practitioner may with propriety be said to have a Scylla on the one side, and a Charybdis on the other - to avoid the farther prostration of the system by the use of the one, and the increase or continuance of the discharge by the injudicious application of the other. - The symptoms of prostration may sometimes be even so urgent, especially in the latter period, as to require a discontinuance of cold, and the active employment of warmth. - The appearances indicating this change, are a constant disposition to syncope, weak and scarcely perceptible pulse; a cold surface, covered with a clammy sweat: voice scarcely audible, with great restlessness. -

Sometimes when the propriety of bloodletting is doubtful, and

the ob
the us
deserv
com
in the
the fo
Boston
harmo
greater
prejuc
of in
public
perfe
tablishe
of the
of it
gent u
article
certain
hour, a

the stomach not much disturbed; its effects may be imitated by the use of nauseants.- Of this class of remedies Ipecacuanha has deservedly the preference; and its effects may be augmented by a combination with opium, as recommended by Dr. Chapman, in the proportion of two grains of the latter, to half a grain of the former: or with the acetate of lead, as recommended by Dr. Barton.- Of all the internal remedies in uterine haemorrhage, no one has been more highly extolled, or acquired greater celebrity, than the Saccharum Saturni.- For a long time prejudice ran so high, as to exclude this article from the list of internal agents; but finally the attention of the medical public was called to it by the late professor Barton; and its perfect innocence and high utility have subsequently been established by Drs. James and Dewees, particularly by the exertions of the latter gentleman.- Mr. Burns seems still doubtful of its safety, and mistrusts the efficacy of any internal astringent in profuse haemorrhages.- It is usual to combine this article with opium, in the proportion of two or three grains of the acetate to half a grain of opium; to be repeated every half hour, hour, or two hours, according to the emergency of the case.-

Dr Dewees has increased the dose to ten grains.- Dr Barton, as stated above, was in the habit of combining it with Ipecacuanha; and when the state of the stomach will permit, an advantage is no doubt obtained by the union. - When much gastric irritation forbids remedies to be thus applied, it is the practice of some gentlemen to administer the lead per anum.- In this purpose 20 or 30 grains of the acetate are dissolved in a gill of water, to which should be added a drachm of tinctura opii; the whole to be thrown up as an enema, and repeated pro re nata. -

Next to this article in the list of astringents, I would place the acidum sulphuricum aromaticum.- It is well spoken of by Mr. Burns in combination with digitalis; but my confidence rests on a much surer foundation.- I know it to be a favorite and efficient remedy in the hands of my preceptor Dr. Downman of Lynchburg Va.; than whom no one is more advantageously known to the people of that section of country.- I am entirely sustained by his declarations, when I say, that no single remedy in his hands has afforded more relief, than the Elixir Vitriol.- Of its efficacy, I could offer numerous instances from his practice, had I room to indulge my inclination. -

His ex
frequen
With
-ding o
-ring
-ply to
within
Hore
not ac
ce wo
for; w
has fa
of th
indeed
the St
state
eize a
portance
I, as
a comm
fort, a

His usual dose is from 10 to 20 drops in a little water, repeated frequently if required.—

With a view of more certainly astringing the mouths of the bleeding vessels, it is the practice of some accoucheurs to throw cold astringent injections up the vagina.— This practice is adapted only to very moderate discharges; for when profuse, injections are either injurious or altogether inert.—

However valuable the remedies detailed may be, they will not always succeed, when the discharge is profuse.— In such instances we have another and a most certain resort.— I mean the tampon; which should by no means be delayed, until every thing else has failed, and the state of the patient become truly alarming.—

If the case have accidentally come into this state, then it is indeed gratifying to reflect, that we have so sure a remedy; but the true object of the tampon is to prevent; not to remedy this state of things.— The best plug is a piece of sponge of the proper size and shape, dipped in vinegar, and confined by a compress and T bandage as directed by Dr. Dewees.— Should the sponge not be at hand, a common napkin or towel, dipped in oil, and introduced part after part, will answer very well.— It has been recommended to use a—

-mine into the state of the os tincae, previous to the introduction of the plug; but not with the view of determining the propriety of its use: for whether the os internum be dilated or constricted, the tampon must be used if the discharge require it.- Nor do the most threatening symptoms of expulsion form any objection to its immediate use; for Mr. Burns assures, it does not retard that process- Leroux supposed it might accelerate it when the os uteri was open.- Therefore I must repeat, that whenever the extent of the flooding is such as to render it necessary, no circumstance should deter us from its employment.- The concurrent testimony of authors assures us of its abundant utility.- Dr. Dewees says, "Whatever may be the rapidity of discharge in such cases, it is now under command so far as our experience will warrant the assertion, by the use of the tampon.- It should be instantly resorted to, and its effects will be as quickly perceived.- If the ovum can be preserved, we save a prodigious expenditure of blood: if it cannot, we not only do this, but obtain a most important time; during which time nature achieves the separation and final expulsion of it; without the further exhaustion of the patient."

Frequent examinations per vaginam are highly improper, as

they a
in the
part. se
would re
The
e, the
the for
reflect
capd, a
calam
lep th
mumb
wing
that-
Cook
always
before
ung i
Dietz
ers we

they assist but little in forming our judgment; are disagreeable to the patient and interfere with the coagula. - Indeed I cannot see that they are useful at all, unless the case be accompanied with evident uterine contraction. -

The most striking and important peculiarity of this period is, that manual assistance is rarely admissible in the delivery of the foetus. - At this time it is all important that the ovum be expelled entire; for if ruptured, the embryo is very liable to escape, whilst its involucra are retained — thus prolonging the calamity, or giving rise to a very tedious and offensive process, unless timely remedied. - Some authors recommend the rupture of the membranes so early as the third month: but independent of the weight of authority against it, the termination of a single case that came within my knowledge, in which this spontaneously took place, at this period, has convinced me, that it should always be sedulously avoided. - Dr. Dewees peremptorily forbids it before the commencement of the fifth month; "unless the flooding is very profuse, the pains very urgent, and the os tincae pretty well opened." The absence of either of these circumstances will render it highly improper: for if the flooding be not

purpos
it wou
is tinc
tion of
by the
determi
death,
decale
is to a
the Sta
contrac
throug
neck
tinue
is to
this m
the w
The
hand,
for in

purpose, there exists no necessity for it; if the pains be not brisk, it would be an unwarrantable sacrifice of the foetus, and if the os tincae be not opened, it must consign the woman to a perpetuation of the evil.- The discharge can always be kept in safe bounds by the tampon, until nature effects the process, on which she has determined.- But should we have unequivocal signs of the child's death, a rapid haemorrhage, an open os uteri and no pains; the Secale cornutum might, I think, be very advantageously administered to accelerate the expulsion; whilst we restrain the discharge by the tampon and other remedies.- This disposition of the uterus to contract very speedily after the escape of the embryo, manifests itself throughout this period; and is particularly conspicuous about its neck and mouth.- Under such circumstances the flooding continues until the uterus is emptied; therefore the obvious indication is to remove the secundines as quickly as possible.- In effecting this no assistance can be derived from the natural efforts of the viscus; but on the contrary it opposes a serious obstacle.- The capacity of the womb is altogether insufficient to admit the hand, were the neck and mouth in the most favourable situation, for in the generality of cases, it will with difficulty admit one,

and m
membe
ection
found
the fi
ous o
instru
introdu
furnis
be ge
fundam
to hav
with
immo
real
and
which
obtain
Fo
emad

and never more than two fingers.- When a large portion of the membranes lie without the os tincae, they may be removed by the action of two fingers within the vagina: but when they are found nearly or entirely contained within the cavity of the uterus, the fingers will be found inadequate.- Under such circumstances Dr Dewees has used with great success a wire crochet.- This instrument, very simple in its construction and operation, is to be introduced into the vagina on the fore finger of the left hand, previously carried up to the os tincae.- The hook should then be gently moved up into the cavity of the uterus as high as the fundus; and as gradually withdrawn; when it will be found to have entangled in the membranes and brought them along with it.- On their removal, the flooding has ceased almost immediately; and in this way he has preserved the lives of several women.- In cases of not so much emergency, he has used successfully the ergot in scruple doses; but in the case to which I alluded before, as coming under my knowledge, it completely failed after the bold employment of the lancet.-

Second Period.- This I have said will embrace the remaining time to the delivery of the child.- It is evident

that
months
will
it is ne
from
No fear
amount
separat
If
the mo
gus
the fe
ed; for
her in
short-
Nor
the aise
Bum.
months
n men
much

that the treatment of haemorrhage must vary a little in the different months of this period: since in the two first the developement of the uterus is scarcely begun; whilst by the commencement of the ninth it is nearly completed:- but a farther division seemed objectionable from the necessity it would have created for much recapitulation.- No part of this period is exempt from this accident, and the amount of flooding will be in proportion to the extent of the separation and the advancement of pregnancy.- The safety of the mother has always been considered in a more ratio to the progress of this time.- It is in floodings at this period, that all the promptitude to be acquired by multiplied experience is demanded; for a few gushes of blood may determine her fate, or bring her into a state of extreme exhaustion or syncope, by which a short respite is obtained, that is too often fallacious.-

Nor are we to consider our patient never in danger, because the discharge is not apparent.- all late writers, as Baudelocque Burns, Dewees &c sanction the opinion of fatal internal haemorrhages.- The blood may be retained behind the placenta, or membranes, and sometimes by the natural contraction of the neck of the uterus itself, which is not yet open at the time

the extravasation takes place." This concealed haemorrhage is sometimes brought on by fatigue, blows or violent straining; and is generally accompanied by a dull heavy pain at the part where it occurs, resembling the approach of the catamenia. - The uterus yielding to the blood becomes distended and tender, producing a sensation like colic: the woman gradually loses her strength, and finally becomes faint. - Slight pains are ultimately produced, which most frequently are accompanied by the expulsion of coagula. - Baudelocque relates the case of a woman, who discharged more than a hat crown full. - It is self evident, that in such cases, nothing but speedily emptying the uterus can save the patient. -

In treating an apparent haemorrhage at this period, the indications are precisely the same as in the former; but the means of obtaining them vary a little, as we have here to trust mostly to the plug and delivery. - The first and most important duty is to restrain the discharge as quick as possible, that time may be obtained to adopt such measures, as the nature of the case may demand. -

Having imposed a system of the most perfect rest, (the different parts of which have been before detailed) we should

proceed immediately to make ourselves acquainted with the circumstances of the case. - In this purpose an examination per vaginam should be solicited, that we may determine the state of the cervix and os uteri; whether the membranes or placenta present; what progress the pains, if any exist, have made towards expulsion &c. - The probable quantity of blood lost, the rapidity of its flow and the exciting cause are all important to be known, & should be contrasted with its effect on the system of the mother or child. -

In recounting the remedies for this disease, the first one that on a general principle, would present itself to our attention is blood-letting. - Valuable indeed in the management of this accident in the earlier months, it is seldom admissible and rarely necessary at this period, especially in the latter part. - At this time, from the large size of the connecting vessels, the violence and rapidity of the discharge are so great, as to place the patient at once beyond the reach of its benefit. - But should the appearances of the case require it, such as a moderate discharge and full, plethoric state of the vessels, indicated by the pulse, the period should by no means deter from its employment. - On the contrary it should be considered a sine qua non to success. - But I must

repeat, this is rarely the case; for before we arrive the profuseness of the flooding has generally made such inroads on the strength of the patient, as to render the preservation of even a few ounces of blood an important measure. —

Limited in the employment of bloodletting, we should exercise a more extensive freedom in the application of cold. — Determining on the necessity of its vigorous employment, it should be obtained of as low a temperature as possible. — The best methods of employing it, I have already detailed, and shall only again repeat a decided preference for powdered ice or snow in bladders. — The advantages of this plan must be evident; since we obtain by it the highest benefit of the remedy, at the least expense of comfort to our patient. —

Thus recommending the bold employment of so powerful a remedy in the active stage of an attack; I am, nevertheless, perfectly sensible, that it should not be persevered in, regardless of the combined effect of this and the flooding on the system. — Regulated with discrimination, it may be made an important remedy in nearly every stage: but when rashness is permitted to usurp the seat of cool and enlightened discre-

-tion
-ing t
-ing th
the fo
debil
but c
-tion,
float
lost,
pulse
of the
thing
-dera
-ing i
warm
symp
-peat,
clean
-lish

-tion, it becomes an efficient adjunct to the flooding in hasten-ing the unwelcome close of life. - Therefore, carefully watch-ing the progress of the symptoms, we should immediately moderate the force of our applications, on the appearance of much direct debility. - I know there is danger in using this term too freely; but I do it here in contradistinction to that apparent exhaus-tion, arising from the relaxation, incident to the effects of flooding on the stomach. - Whenever, the quantity of blood lost, compared with the constitution of the patient, is great, the pulse feeble and the surface cold, the further energetic use of this remedy should be regarded dangerous. - Although, therefore, it may be proper to continue the application in a mo-derate degree, we should never neglect to counteract its depress-ing influence, by the application of bottles of warm water, or warm flannels to the extremities, epigastrium &c.: and when symptoms of fatal exhaustion, (which it is unecessary to re-peat,) are present, to discontinue it; and substitute a warm blanket and other stimulating applications. -

Opiates are very highly recommended by some of the Eng-lish writers, particularly by Dr. Hamilton of Edinburg, and-

Mr. Burns of Glasgow -- The latter gentleman prescribes them invariably in a first attack, where we have it not in contemplation to deliver the woman immediately -- He says, "on this subject long experience enables me to speak with decision, and to recommend in every instance, where the haemorrhage does not depend on plethora, the exhibition of a full dose of Laudanum, which tranquilises the patient, allays irritation, and checks for a time the discharge --" Could the whole or even the half of this, be expected with certainty from a full dose of opium, no one would hesitate a moment in adopting the practice -- But how stands the remedy on the continent or what has effected in the hands of the American accouchers? - Professor Dewees, "says," it never in our hands has merited the smallest commendation, or met with the slightest success --" To reconcile such contradictory reports is difficult, without supposing the account of the one exaggerated, or the other not to have given the remedy a fair trial -- As in most other instances, so here, an intermediate course is perhaps safest -- That cases do never occur in which opiates are valuable, I cannot, for a moment, permit myself to believe; but that they are so in every instance is still less credible -- Nor is it very difficult to distinguish the cases

to whi
pegue
long a
inflam
contin
operat
or an
bicabo
-us. –
must
pains
reason
their
Burns
to ma
alva
an e
from
-ngin
agent

to which they are best adapted. – The commencement of flooding is frequently attended with great alarm and anxiety to the patient; and as long as this state of things, continues the blood will be thrown on the internal viscera in an unusual quantity; and thus contribute to the continuance ~~& the continuance~~ of the discharge, as they sometimes operate in producing it. – Therefore to calm the agitation attendant on an attack, an opiate may become an essential remedy in the treatment; and should be administered promptly under such circumstances. – Pains, unless they produce the desired effect on the uterus, must always increase the evil; – therefore the existence of inefficient pains will afford another indication for the use of opiates. – From reason I can by no means entertain so unfavourable an opinion of their benefit, in cases of extreme exhaustion, as that expressed by Mr. Burns: Nor should I suppose them indicated in every case previous to manual assistance. – Great as may be their effects, they may always be augmented by a judicious combination. – Of these the best are with Ipecacuanha and Saccharum Saturni. – The use of the former of these articles will be very much limited by the accompanying gastric distress: – and the latter, though the most active internal agent we possess, is by no means to be trusted to as far as in the former period. –

to che
Have
may
Jeus
the m
-sura
immer
dilata
from:-
-ly ren
that
at the
for the
By
be che
will
furni
early
tunce

It results, therefore, that the only remedy on which we can rely to check or keep haemorrhages in due bounds at this period is the tampon. Having before dwelt on its importance with as much earnestness, it may be considered a useless recapitulation to speak of it in this place. Trusting to it, the practitioner can generally wait, untill he obtain the most favourable situation for delivery, on which the ultimate preservation of his patient may depend. By it the patient is saved an immense loss of blood, much painful suffering, attending an artificial dilatation of the os uteri; and too often fatal effects resulting then from: by it, that atony of the uterus is avoided, which not unfrequently renders delivery an anxious remedium. In conclusion, I may add, that whenever the discharge deserves the name of flooding, and delivery at the time impracticable or dangerous, no substitute can be found for the plug. =

By a bold employment of these remedies, an attack may frequently be checked, without any serious loss of blood; but in all probability, it will be again and again renewed, untill the uterus be emptied and permitted to contract. From this we derive a strong argument for early and prompt endeavours to save our patient the loss of a few ounces of blood. Mr Burns says, "We may lay it down as a general

observation, that "few cases of proper haemorrhages, occuring in the advanced stages of gestation, can be cured without delivery or the expulsion of the foetus" - This shows that extraordinary attention is necessary after the suppression of an attack of flooding to prevent its return. - Perfect tranquility of mind and body; a careful abstinence from every thing that may heat the system, or accelerate vascular action; avoiding much drink, and a steady, but judicious administration of light articles of nourishment; and not to endeavour too hastily to replenish the emptied vessels; constitute nearly every thing that can be done towards this object. - Laudable, therefore, as may be our endeavours to guard our patient against this event; they will rarely succeed: and her ultimate safety is made to depend on delivery.-

As accessary to the tampon in restraining the haemorrhage, are all the other means employed; so is this only auxiliary to delivery in placing the woman beyond danger.- Untill this be effected, the advice of Mr Burns should never be neglected; that is never to leave our patient without a strict injunction to plug the vagina on the renewal of the discharge.-

I come now to speak of delivery as a means of arresting flooding and securing the patient-

Previous to the introduction of the tampon into practice, delivery was on all occasions attempted, as the only means of safety. – Regardless of the situation of the parts through which the child had to pass, commonly and in spite of opposition, thrust thrice hands through the neck of the uterus, and extracted the foetus: whilst others were content with rupturing the membranes, trusting the expulsion a while to nature; and finding her unwilling or inefficient, again to take the case out of her hands. – The result of this blind practice was frequent disappointment, or a train of fatal or exceedingly painful consequences. – The practice, therefore, of Puzos, (as it is called) as it sometimes succeeded alone, was a material improvement on that which led to it. – But the principles of practice, at present established, have condemned its indiscriminate employment; and even brought its utility into very confined limits. – Its frequent failure to close the bleeding vessels, or bring on contraction within a safe time; the unavoidable increase of difficulty, it occasioned, when delivery afterwards became necessary, have nearly caused its abandonment. – Therefore, I was surprised to find its indiscriminate use in all cases of accidental haemorrhages at this period supported by Dr. Bard; as an evidence of which, he even advises the membranes to be ruptured with the male catheter, when the os uteri will not admit the finger –

Forming my opinion from the best authority on the subject, I should say, that neither the entrance into the uterus to turn the child, nor the rupture of the membranes, should ever be attempted; unless the disposition of the parts is such as to admit the exit of the foetus, could this be trusted to the natural efforts of the womb. - That in this situation, delivery being practicable is always to be preferred, except when the pains are very brisk and the expulsion of the foetus rapidly advancing. - Here and here alone should rupturing the membranes be trusted to. - But it may be asked, on what shall we rely to obviate the fatal effects of the flooding, whilst nature is effecting this change? Here we should point to the plug, and that it is amply sufficient, is attested by the most pointed declaration of authors. - Can we demand further proof, than the following passage from the highest authority in the land of the prejudiced? "Did I not know, says Mr. Burns, the danger of establishing general rules, I would say, that as long as the os uteri is firm and has no disposition to open, the patient can be in little risk if we understand the use of the plug; we may even plug the os uteri, which will excite contraction."

I know that many make great clamour about the danger of converting an apparent into an occult haemorrhage by this instrument; and such indeed may sometimes be the case: but the instances are exceedingly rare, as those, who have used the tampon most extensively do not mention a case — a convincing proof that the, dan

-ger

The

-tails

that

the

in

but

-ting

show

Par

-able

cans

The

-otent

that

-rusty

fun

delic

it-

Ann

-gen complained of is more imaginary than real.-

The method to be adopted in turning has nothing peculiar, with the de-tails of which every accoucheur is supposed to be acquainted. It is desirable that this operation be performed as quickly as possible after the evacuation of the waters; as much of which as can should be retained.- Rashness either in entering the womb or extracting the child is on no account excusable; but throughout, the most perfect gentleness should be observed; rather coopera-ting with the pains, if any be present.- The foetus being removed, no time should be lost in securing the complete tonic contraction of the uterus.-

Particular situations of the mother or child may render the process prepa-able; and the indications for this preference are nearly the same as in other cases of preternatural labour.-

The symptoms of very extreme exhaustion being present the propriety of in-stant delivery has been made a question.- Mr Burns is decidedly of opinion that the woman has the best chance of recovery, who is speedily and cautio-usly delivered.- He says withal he has never known a woman survive four and twenty hours.- Dr Dewees supposes the expediency of immediate delivery to depend on the continuance of the flooding.- If this has subsided, it will be safest for the patient to suspend the operation for a while at least.

Another important question occurs in this state, relative to the propri-

-ity of
-pearance
for the
-ore we
applic-
-bition
also a
flordin
to be
of the
constit
not a
-nifest
the so
onsid
-pinion
much
the dis
such
-dentac

-ity of stimulants. - By some their employment has been objected to, under appearances of the most fatal exhaustion. - Though by no means an advocate for their indiscriminate use, I am as little disposed to believe, they are never useful in the advanced stages of this malady. - To the stimulating applications already enumerated, should now be added the moderate exhibition of some mild cordials, light nourishment &c. Complete syncope is also an alarming symptom, when it occurs in the advanced periods of flooding, though by some it is hailed as a welcome assistant. - The danger to be apprehended from this occurrence will be in proportion to the extent of the discharge, producing it; for some women, from an idiosyncrasy of constitution, faint on the loss of a few ounces of blood; and in them though not a desirable symptom, it is not dangerous. - Stimulants here would be of manifest injury; as the fainting does not arise from the effects of the flooding on the vascular system; but evidently from a derangement of the nervous energies. Indeed to conduct the patient safely through these scenes of exhaustion, requires the utmost discrimination, - a degree of acumen to be acquired only by much experience, united with a sound judgment. - The results of the former and the dictates of the latter, are in favour of a cautious administration of cordials under such circumstances. - Thus have I concluded what seemed necessary to be said on accidental haemorrhages, all of which I most respectfully submit for examination. —

ellens

P. Joi

A dy

ar Li

In

ned

and i